

MEDICAL AND HEALTH RESEARCH ASSOCIATION OF NYC, INC.

Bedford-Stuyvesant Healthy Homes Initiative

Year of Grant: 1999

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The purpose of the Bedford-Stuyvesant Healthy Homes Initiative is to demonstrate the effectiveness of low-cost remediation efforts in addressing childhood safety and health hazards in the home environment. The proposed program will be a collaboration among the New York City Department of Health (DOH), New York City Department of Housing Preservation and Development (HPD), Hunter College, Neighborhood Housing Services of Bedford-Stuyvesant, Inc. (NHS), Bridge Street Development Corporation (BSDC) and the Medical and Health Research Association of New York City, Inc (MHRA). Through a multifaceted effort involving training for property owners and tenants in hazard identification and remediation strategies and in-home assistance in correcting detected problems, the program will seek to reduce lead, mold, allergen and injury hazards in the home.

The proposed program will target Bedford-Stuyvesant, a Brooklyn community characterized by considerable poverty, a deteriorating housing stock, and high rates of childhood illness and injury associated with home environmental hazards. Seventy-one percent (71%), or 6,894, of Bedford-Stuyvesant's children under six years of age live below the federal poverty level. Of the 36,868 households in Bedford-Stuyvesant, 29,703 (80.5%) make less than 80% of the NYC median income, and 20,733 (56.2%) earn less than 50% of the median. The majority of the community's children under age 6 (69.9%) live in housing built before 1960, the year that NYC prohibited the use of lead-based paint in the interior of residential dwellings. The health of Bedford-Stuyvesant's children is suffering too: there were 733 hospitalizations due to asthma in children aged 0 - 14 in 1997; the lead poisoning case rate was 3.9 per 1,000 in 1998, the third highest such rate among the city's 30 health center districts; and injury hospitalizations among Bedford-Stuyvesant children aged 0 - 4 numbered 125 in 1997. Although a variety of public health and housing resources are dedicated to this community, the problems faced by its residents far exceed available assistance.

The collective, relevant experience of the partner organizations is vast. Each of the two city agencies -- the Departments of Health and Housing Preservation and Development -- has a longstanding history of developing and implementing community-based programs aimed at improving the health and quality of life of New York City's residents. Current DOH activities include childhood asthma, injury and lead poisoning education efforts directed at an array of audiences; home visits to assess the presence of asthma allergens; lead hazard risk assessments and inspections in all dwellings where lead-poisoned children reside; and information dissemination about indoor mold. In addition to its housing code enforcement responsibilities, HPD offers a broad range of programs and services, including loan and rehabilitation programs and hands-on training programs in building management, systems maintenance and financing directed at building managers, superintendents, and property owners whose buildings are at risk of deterioration. Additionally, DOH and HPD have collaborated on several projects, including an

ongoing lead hazard reduction program funded by HUD. Another partner, Hunter College, has considerable expertise in developing, implementing and evaluating interventions to reduce environmental exposure to both lead and asthma allergens. Hunter's Center for Occupational and Environmental Health, in collaboration with the DOH and the New York City Housing Authority, has piloted a project aimed at reducing roach and rodent populations through an integrated approach to building and apartment maintenance, the reduced use of hazardous pesticides and the introduction of non-toxic approaches to cleaning. Both NHS and BSDC develop housing for low-income families in Bedford-Stuyvesant, and NHS also offers a variety of educational programs directed at tenants and small homeowners; topic areas include weatherization, heating systems maintenance and general home repair.

The overall intervention strategy involves: (a) identifying, selecting and enrolling 70 eligible dwelling units; (b) conducting an initial home assessment to detect the presence of environmental hazards (including environmental sampling in a subset of 25 homes); (c) providing training to both tenants and property owners on hazard identification, associated health effects and simple, low-cost remediation/maintenance strategies; (d) working with tenants and owners to create a practical work plan for addressing identified hazards and providing hardware supplies to make needed repairs; (e) providing in-home assistance in remediating hazards, including the services of a repair crew, as needed; and (f) evaluating both the validity of the risk assessment protocol and the efficacy of the intervention in remediating identified problems and in maintaining a healthy home environment over time.

Program implementation will involve a coordinated effort among all the partners. DOH, HPD, NHS and BSDC will recruit potentially eligible participants through a variety of outreach strategies. The initial home assessments will be conducted by the project's home safety specialists (hired by MHRA, BSDC and NHS), and for the subset of dwelling units in which environmental sampling will be conducted, Hunter field staff will also be involved. Subsequent to the initial assessment, NHS and Hunter will provide training to eligible owners and tenants in hazard identification and remediation and in maintaining a healthy home environment. Following the training, the home safety specialists will make a second home visit, at which time the initial assessment results will be discussed and a practical work plan for addressing identified hazards will be developed. The home safety specialists will continue to provide technical assistance during the remediation period, and the services of a NHS-based repair crew will be provided to participants needing help in remediating hazards. A follow-up assessment will be conducted by the home safety specialists (and Hunter, in the subset of 25 units) within a month of the completion of repair work. Hunter will be responsible for the design and implementation of the evaluation.

The intended beneficiaries of the proposed program include, of course, the tenants and owners participating in the program. However, the benefits will extend beyond the 70 targeted dwelling units. The capacity of participating property owners to address housing-based hazards will be strengthened, and, thus, we would expect these owners to undertake hazard reduction activities in units not specifically targeted by the intervention. The proposed program will also provide economic opportunities for Bedford-Stuyvesant residents and businesses through the hiring of program staff and the development of contracts with local businesses and community-based organizations.